

INLAND COUNTIES EMERGENCY MEDICAL AGENCY

EMERGENCY MEDICAL TECHNICIAN

TRAINING PROGRAM APPROVAL PACKET



NOTE: This training program approval packet is based on the April 1, 2013 regulations found on the EMSA website at <http://www.emsa.ca.gov/laws/files/ch2emt04012013.pdf>, California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 2. Emergency Medical Technician, Article 3. Sections 100065 - 100078.

Serving Inyo, Mono and San Bernardino Counties



ICEMA
Program Requirements for Emergency Medical Technician (EMT)

California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 2. Emergency Medical Technician, Article 3. Sections 100065 - 100078 require the EMT Approving Authority (ICEMA) review EMT training programs to assure compliance with regulations prior to approving the eligible institution's training program. Only approved training programs may offer EMT training. Sections of Article 3, listed below:

100065 (a) Approved Training Programs Purpose

The purpose of an EMT training program shall be to prepare individuals to render prehospital basic life support at the scene of an emergency, during transport of the sick and injured, or during interfacility transfer within an organized EMS system.

100065 (b) Approved Training Programs

EMT training may be offered only by approved training programs. Eligibility for program approval shall be limited to:

1. Accredited universities and colleges including junior and community colleges, school districts, and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.
2. Medical training units of a branch of the Armed Forces including the Coast Guard of the United States.
3. Licensed general acute care hospitals which meet the following criteria:
 - a. Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5; and
 - b. Provide continuing education to other health care professionals.
4. Agencies of government including public safety agencies.
5. Local EMS Agencies.

*NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.173, Health and Safety Code.
Reference: Sections 1797.170, 1797.173, 1797.208 and 1797.213 Health and Safety Code.*

100066 (a) PROCEDURE for Program Approval

Submit a written request for EMT program approval to ICEMA.

100066 (b) Program Review and Approval

ICEMA shall review and approve the following prior to approving an EMT training program:

1. A statement verifying usage of the United States Department of Transportation (US DOT) National Emergency Medical Services Education Standards Emergency Medical Technician Instructional Guidelines (DOT HS 811 077C, January 2009).
2. A statement verifying CPR training equivalent to the current American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to an EMT basic course.
3. Samples of written and skills examinations used for periodic testing.
4. A final skills competency examination.
5. A final written examination.
6. The name and qualifications of the program director, program clinical coordinator, and principal instructor(s).
7. Provisions for clinical experience, as defined in Section 100068 of this Chapter.

8. Provisions for course completion by challenge, including a challenge examination (if different from final examination).
9. Provisions for a twenty-four (24) hour refresher course including subdivisions 1 - 6 above, required for recertification.
 - a. A statement verifying usage of the US DOT EMT-Basic Refresher National Standard Curriculum, DOT HS 808 624, September 1996. The US DOT EMT-Basic Refresher National Standard Curriculum can be accessed through the US DOT website, <http://www.nhtsa.gov/people/injury/ems/pub/basicref.pdf>.
10. The location at which the courses are to be offered and their proposed dates.
11. Table of contents listing the required information listed in this subdivision, with corresponding page numbers.
12. ICEMA 'Application for Approval as an EMT Training Program' (Form enclosed)
13. Application Fee as described in ICEMA Fee Schedule Reference #5090

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.170, 1797.173, 1797.208 and 1797.213, Health and Safety Code.

100067 Didactic and Skills Laboratory

An approved EMT training program shall assure that no more than ten (10) students are assigned to one (1) principal instructor/teaching assistant during skills practice/laboratory sessions.

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.173, Health and Safety Code. Reference: Sections 1797.170, 1797.173 and 1797.208, Health and Safety Code.

100068 Clinical Experience for EMT (Complete the 'Hospital/Ambulance Affiliation Information' form enclosed and attach a copy of the signed agreement.)

Each approved EMT training program shall have written agreement(s) with one or more general acute care hospital(s) and/or operational ambulance provider(s) or rescue vehicle provider(s) for the clinical portion of the EMT training course. The written agreement(s) shall specify the roles and responsibilities of the training program and the clinical provider(s) for supplying the supervised clinical experience for the EMT student(s). Supervision for the clinical experience shall be provided by an individual who meets the qualifications of a principal instructor or teaching assistant. No more than three (3) students will be assigned to one (1) qualified supervisor during the supervised clinical experience.

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.173, Health and Safety Code. Reference: Sections 1797.170, 1797.173 and 1797.208, Health and Safety Code.

100069 (a) EMT Training Program Notification

In accordance with Section 100057 ICEMA shall notify the training program submitting its request for training program approval within seven (7) working days of receiving the request that:

1. The request has been received,
2. The request contains or does not contain the information requested in Section 100066 of this Chapter and,
3. What information, if any, is missing from the request.
 - a. Program approval or disapproval shall be made in writing by ICEMA to the requesting training program within a reasonable period of time after receipt of all required documentation. This time period shall not exceed three (3) months.
4. ICEMA shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.

5. Program approval shall be for four (4) years following the effective date of program approval and may be renewed every four (4) years subject to the procedure for program approval specified in this section.
6. Approved EMT training programs shall also receive approval as a continuing education CE provider effective the same date as the EMT training program approval. The CE program expiration date shall be the same expiration date as the EMT training program. The CE provider shall comply with all of the requirements contained in Chapter 11 of this Division and ICEMA Reference #3020 - Continuing Education Provider Requirements.
7. ICEMA shall notify the Authority concurrently with the training program of approval, renewal of approval, or disapproval of the training program, and include the effective date. This notification is in addition to the name and address of training program, name of the program director, phone number of the contact person, frequency and cost for both basic and refresher courses, student eligibility, and program approval/ expiration date of program approval.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170, 1797.173 and 1797.208, Health and Safety Code.

100070 Teaching Staff

Each EMT training program shall provide for the functions of administrative direction, medical quality coordination, and actual program instruction. Nothing in this section precludes the same individual from being responsible for more than one of the following functions if so qualified by the provisions of this section:

100070 (a) Program Director

Each EMT training program shall have an approved program director who shall be qualified by education and experience in methods, materials, and evaluation of instruction which shall be documented by at least forty (40) hours in teaching methodology. The courses include but are not limited to the following examples:

1. State Fire Marshal Instructor 1A and 1B,
2. National Fire Academy's Instructional Methodology,
3. Training programs that meet the US DOT/National Highway Traffic Safety Administration (NHTSA) 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.

100070 (b) Program Director

Duties of the program director, in coordination with the program clinical coordinator, shall include but not be limited to:

1. Administering the training program.
2. Approving course content.
3. Approving all written examinations and the final skills examination.
4. Coordinating all clinical and field activities related to the course.
5. Approving the principal instructor(s) and teaching assistants.
6. Signing all course completion records.
7. Assuring that all aspects of the EMT training program are in compliance with this Chapter and other related laws.

100070 (c) Program Clinical Coordinator

Each training program shall have an approved program clinical coordinator who shall be either a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in California, and who shall have

two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years. Duties of the program clinical coordinator shall include, but not be limited to:

1. Responsibility for the overall quality of medical content of the program;
2. Approval of the qualifications of the principal instructor(s) and teaching assistant(s).

100070 (d) Principal Instructor

Each training program shall have a principal instructor(s), who may also be the program clinical coordinator or program director, who shall be qualified by education and experience in methods, materials, and evaluation of instruction, which shall be documented by at least forty hours in teaching methodology. The courses include but are not limited to the following examples:

1. State Fire Marshal Instructor 1A and 1B,
2. National Fire Academy's Instructional Methodology,
3. Training programs that meet the US DOT/NHTSA 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course and who shall:
 - a. Be a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in California; or,
 - b. Be an Advanced EMT or EMT who is currently certified in California.
 - c. Have at least two (2) years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five (5) years.
 - d. Be approved by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned. All principal instructors from approved EMT Training Programs shall meet the minimum qualifications as specified in subsection (d) of this Section.

100070 (e) Teaching Assistants

Each training program may have teaching assistant(s) who shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director in coordination with the program clinical coordinator as qualified to assist in teaching the topics to which the assistant is to be assigned. A teaching assistant shall be supervised by a principal instructor, the program director and/or the program clinical coordinator.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code.

100071 (a) EMT Training Program Review and Reporting

All program materials specified in this Chapter shall be subject to periodic review by ICEMA.

1. All programs shall be subject to periodic on-site evaluation by ICEMA.
2. Any person or agency conducting a training program shall notify ICEMA in writing, in advance when possible, and in all cases within thirty (30) calendar days of any change in, program director, program clinical coordinator, principal instructor, change of address, phone number, and contact person.
3. For the purposes of this Chapter, student records shall be kept for a period of not less than four (4) years.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code.

100072 (a) Withdrawal of EMT Training Program Approval

Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this Chapter may result in denial, probation, suspension or revocation of program approval by the EMT training program approving authority. Notification of noncompliance and action to place on probation, suspend, or revoke shall be done as follows:

1. An EMT training program approving authority shall notify the approved EMT training program course director in writing, by registered mail, of the provisions of this Chapter with which the EMT training program is not in compliance.
2. Within fifteen (15) working days of receipt of the notification of noncompliance, the approved EMT training program shall submit in writing, by registered mail, to the EMT training program approving authority one of the following:
 - a. Evidence of compliance with the provisions of this Chapter, or
 - b. A plan for meeting compliance with the provisions of this Chapter within sixty (60) calendar days from the day of receipt of the notification of noncompliance.
3. Within fifteen (15) working days of receipt of the response from the approved EMT training program, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the approved EMT training program, the EMT training program approving authority shall notify the Authority and the approved EMT training program in writing, by registered mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the EMT training program approval.
4. If the EMT training program approving authority decides to suspend, revoke, or place an EMT training program on probation the notification specified in subsection (a)(3) of this section shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting of the probation or suspension or the effective date of the revocation, which may not be less than sixty (60) calendar days from the date of the EMT training program approving authority's letter of decision to the Authority and the EMT training program.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170, and 1797.208, Health and Safety Code; 11505, Government Code.

100073 (a) Components of an Approved Program

An approved EMT training program shall consist of all of the following:

1. The EMT course, including clinical experience;
2. Periodic and a final written and skill competency examinations;
3. A challenge examination; and
4. A refresher course required for recertification.
 - a. The LEMSA may approve a training program that offers only refresher course(s).

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health and Safety Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code.

100074 (a) Required Course Hours

The EMT course shall consist of not less than one-hundred sixty (160) hours. These training hours shall be divided into:

1. A minimum of one hundred thirty-six (136) hours of didactic instruction and skills laboratory; and
2. A minimum of twenty-four (24) hours of supervised clinical experience. The clinical experience shall include a minimum of ten (10) documented patient contacts wherein a patient assessment and other EMT skills are performed and evaluated.

3. Existing EMT training programs approved prior to the effective date of this chapter shall have a maximum of twelve (12) months from the date that this provision becomes effective to meet the minimum hourly requirements specified in this Section.
 - a. The minimum hours shall not include the examinations for EMT certification.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Section 1797.170 and 1797.208 Health and Safety Code.

100075 (a) Required Course Content

The content of an EMT course shall meet the objectives contained in the US DOT NHTSA National Emergency Medical Services Education Standards: Emergency Medical Responder Instructional Guidelines, DOT HS 811 077C, January 2009), incorporated herein by reference, to result in the EMT being competent in the EMT basic scope of practice specified in Section 100063 of this Chapter. (Available at <http://www.ems.gov/pdf/811077c.pdf>)

Training in the use of hemostatic dressings shall consist of not less than one (1) hour to result in the EMT being competent in the use of the dressing. Included in the training shall be the following topics and skills:

1. Review of basic methods of bleeding control to include but not be limited to direct pressure, pressure bandages, tourniquets, and hemostatic dressings;
2. Review treatment of open chest wall injuries;
3. Types of hemostatic dressings; and
4. Importance of maintaining normal body temperature.

At the completion of initial training, a student shall complete a competency-based written and skills examination for controlling bleeding and the use of hemostatic dressings.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.170 and 1797.173, Health and Safety Code.

100076. Required Testing

Each component of an approved program shall include periodic and final competency-based examinations to test the knowledge and skills specified in this Chapter. Satisfactory performance in these written and skills examinations shall be demonstrated for successful completion of the course. Satisfactory performance shall be determined by pre-established standards, developed and/or approved by the ICEMA pursuant to Section 100066 of this Chapter.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170, 1797.208 and 1797.210, Health and Safety Code.

100077 (a) EMT Training Program Course Completion Record

An approved EMT training program provider shall issue a tamper resistant course completion record to each person who has successfully completed the EMT course, refresher course, or challenge examination.

The course completion record shall contain the following:

1. The name of the individual.
2. The date of course completion.
3. Type of EMT course completed (i.e., EMT, refresher, or challenge), and the number of hours completed.
4. The EMT approving authority (ICEMA).
5. The signature of the program director.

6. The name and location of the training program issuing the record.
7. The following statement in bold print: **“This is not an EMT certificate”**.
 - a. This course completion record is valid to apply for certification for a maximum of two (2) years from the course completion date and shall be recognized statewide.
 - b. The name and address of each person receiving a course completion record and the date of course completion shall be reported in writing to the appropriate EMT certifying authority within fifteen (15) working days of course completion.
 - c. Approved EMT training programs which are also approved EMT Certifying Entities need not issue a Course Completion record to those students who will receive certification from the same agency.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170, and 1797.208 Health and Safety Code.

100078 (a) EMT Training Program Course Completion Challenge Process

An individual may obtain an EMT course completion record from an approved EMT training program by successfully passing by pre-established standards, developed and/or approved by the ICEMA pursuant to Section 100066 of this Chapter, a course challenge examination if s/he meets one of the following eligibility requirements:

1. The individual is currently licensed in the United States as a Physician, Registered Nurse, Physician Assistant, Vocational Nurse, or Licensed Practical Nurse.
2. The individual provides documented evidence of having successfully completed an emergency medical service training program of the Armed Forces of the United States within the preceding two (2) years that meets the US DOT National EMS Education Standards (DOT HS 811 077A, January 2009). Upon review of documentation, the EMT certifying entity may also allow an individual to challenge if the individual was active in the last two (2) years in a prehospital emergency medical classification of the Armed Services of the United States, which does not have formal recertification requirements. These individuals may be required to take a refresher course or complete CE courses as a condition of certification.
3. The course challenge examination shall consist of a competency-based written and skills examination to test knowledge of the topics and skills prescribed in this Chapter.
4. An approved EMT training program shall offer an EMT challenge examination no less than once each time the EMT course is given (unless otherwise specified by ICEMA).
5. An eligible individual shall be permitted to take the EMT course challenge examination only one (1) time.
6. An individual who fails to achieve a passing score on the EMT course challenge examination shall successfully complete an EMT course to receive an EMT course completion record.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170, 1797.208 and 1797.210, Health and Safety Code.

ICEMA

CHECK LIST FOR EMT TRAINING PROGRAM APPLICATION

	MATERIALS TO BE SUBMITTED	PAGE#	ICEMA USE
1.	Completed Check List for EMT Program Approval		
2.	Application Form for EMT Program Approval		
	100065 (b) Approved Training Programs		
3.	Statement of eligibility for program approval. Section 100065		
	100066 PROCEDURE for Program Approval		
4.	Letter to ICEMA requesting program approval.		
	A statement verifying usage of the US DOT National Emergency Medical Services <i>Education Standards Emergency Medical Technician Instructional Guidelines</i> (DOT HS 811 077C, January 2009)		
5.	Statement verifying CPR training equivalent to the 2010 American Heart Association Guidelines at the Healthcare Provider level		
6.	Samples of written and skills examinations used for periodic testing		
7.	Final skills competency examination		
8.	Final written examination		
9.	Name and qualifications of the program director, program clinical coordinator, and principal instructor(s)		
10.	Provisions for course completion by challenge, including a challenge examination (if different from final examination)		
11.	Provisions for a 24 hour refresher or Continuing Education course		
12.	Statement verifying usage of the US DOT <i>EMT-Basic Refresher National Standard Curriculum DOT HS 808 624, September 1996</i>		
13.	Location where courses are to be offered and the proposed dates		
14.	Table of Contents and check list listing required information with corresponding page numbers		
15.	Application Fee		
16.			
	100068 Clinical Experience		
17.	Copy of written agreement with 1 or more acute care hospital(s) to provide clinical experience and/or		
18.	Copy of written agreement with 1 or more operational ambulance provider(s) to provide field experience		
	100070 Teaching Staff		
19.	Program Director Information Form		
20.	Program Clinical Coordinator Information Form		
21.	Program Principal Instructor Information Form		
23.	Program Teaching Assistant Information Form		

FORMS

COMPLETE AND RETURN WITH ICEMA APPLICATION & FEE

1. Application and fees
2. Teaching Staff Information (one for each):
 - Program Director
 - Program Clinical Coordinator
 - Principal Instructor
 - Teaching Assistant Information Form (one for each T.A.)
3. Hospital/Ambulance Affiliation Information Form

USED AS PART OF THE COURSE & RETAINED BY THE TRAINING INSTITUTION

Certification Exam, i.e. passing grade
Attendance requirements, etc
Certification Exam Eligibility, Clinical Time Verification Form

SUBMIT TO ICEMA AFTER COMPLETION OF EACH COURSE

ICEMA approved Course Record, must be submitted within fifteen (15) days of course completion, typed or printed, and alphabetized.



INLAND COUNTIES EMERGENCY MEDICAL AGENCY

**1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825**

EMT TRAINING PROGRAM

APPLICATION FOR APPROVAL

PROVIDER NAME: _____

ADDRESS: _____

CITY/COUNTY/ZIP: _____

PROGRAM DIRECTOR: _____

PHONE: _____

EMAIL: _____

FAX: _____

CLINICAL COORDINATOR: _____

PHONE: _____

EMAIL: _____

FAX: _____

PRINCIPAL INSTRUCTOR: _____

PHONE: _____

EMAIL: _____

FAX: _____

Attach resumes of Program Director, Program Clinical Coordinator and Principal Instructors that demonstrates the individual's experience and qualifications in prehospital care/education. Include copies of all current licenses/certifications/accreditations. Submit the \$650.00 application fee. Fees are non-refundable and non-transferable.

I certify that I have read and understand the local policy for EMT-Training Program Approval, Title 22, Division 9, Chapter 2 of the California Code of Regulations, and that I/this agency will comply with all guidelines, policies, and procedures described therein. I agree to comply with all audit and review provisions described. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.

Signed, Program Director

Date

(ICEMA Use Only)

Application Rec'd Date	Approval Date	Expiration Date	Receipt # Date Paid



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1425 SOUTH "D" STREET
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EMT TRAINING PROGRAM

PROGRAM DIRECTOR INFORMATION

PROVIDER NAME: _____

ADDRESS: _____

CITY/COUNTY/ZIP: _____

PROGRAM DIRECTOR: _____

PHONE: _____

EMAIL: _____

FAX: _____

Attach Current Resume (Curriculum Vitae)

Eligibility Status (currently Certified/Licensed in the State of California, attach photocopy of all cards.)

	<u>License/Cert No.</u>	<u>Expiration Date</u>
<input type="checkbox"/> Physician	_____	_____
<input type="checkbox"/> Physician Assistant	_____	_____
<input type="checkbox"/> MICN	_____	_____
<input type="checkbox"/> RN	_____	_____
<input type="checkbox"/> EMT-Paramedic	_____	_____
<input type="checkbox"/> EMT	_____	_____
<input type="checkbox"/> Other:	_____	_____

-----**FOR ICEMA USE ONLY**-----

Approved: ☐ Yes ☐ No (If no, explain on a separate sheet and attach it.)

Approved by: _____ Date: _____



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EMT TRAINING PROGRAM

CLINICAL COORDINATOR INFORMATION

PROVIDER NAME: _____

ADDRESS: _____

CITY/COUNTY/ZIP: _____

CLINICAL COORDINATOR: _____

PHONE: _____

EMAIL: _____

FAX: _____

Attach Current Resume (Curriculum Vitae)

Eligibility Status (currently Certified/Licensed in the State of California, attach photocopy of all cards.)

	<u>License/Cert No.</u>	<u>Expiration Date</u>
<input type="checkbox"/> Physician	_____	_____
<input type="checkbox"/> Physician Assistant	_____	_____
<input type="checkbox"/> MICN	_____	_____
<input type="checkbox"/> RN	_____	_____
<input type="checkbox"/> EMT-Paramedic	_____	_____
<input type="checkbox"/> EMT	_____	_____
<input type="checkbox"/> Other:	_____	_____

-----**-FOR ICEMA USE ONLY-**-----

Approved: ☐ Yes ☐ No (If no, explain on a separate sheet and attach it.)

Approved by: _____ Date: _____



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EMT TRAINING PROGRAM

PRINCIPAL INSTRUCTOR INFORMATION

COMPLETE ONE FORM FOR EACH INSTRUCTOR

PROVIDER NAME: _____

ADDRESS: _____

CITY/COUNTY/ZIP: _____

PRINCIPAL INSTRUCTOR: _____

PHONE: _____

EMAIL: _____

FAX: _____

Attach Current Resume (Curriculum Vitae)

Eligibility Status (currently Certified/Licensed in the State of California, attach photocopy of all cards.)

	<u>License/Cert No.</u>	<u>Expiration Date</u>
<input type="checkbox"/> Physician	_____	_____
<input type="checkbox"/> Physician Assistant	_____	_____
<input type="checkbox"/> MICN	_____	_____
<input type="checkbox"/> RN	_____	_____
<input type="checkbox"/> EMT-Paramedic	_____	_____
<input type="checkbox"/> EMT	_____	_____
<input type="checkbox"/> Other:	_____	_____

-----**FOR ICEMA USE ONLY**-----

Approved: ☐ Yes ☐ No (If no, explain on a separate sheet and attach it.)



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EMT TRAINING PROGRAM
TEACHING ASSISTANT INFORMATION

PROVIDER NAME: _____

ADDRESS: _____

CITY/COUNTY/ZIP: _____

TEACHING ASSISTANT: _____

PHONE: _____

EMAIL: _____

FAX: _____

WORK EXPERIENCE RECORD MUST BE ATTACHED (Resume, Curriculum Vitae)

****List below those topics to which this Teaching Assistant is assigned and his/her qualifications and experience relative to same:**

<u>Topic</u>	<u>Qualifications/Experience</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Approved By: _____

Name (Program Director)

Signature

-----**FOR ICEMA USE ONLY**-----

Approved: ☐ **Yes** ☐ **No (If no, explain on a separate sheet and attach it.)**

Approved by: _____ **Date:** _____



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1425 SOUTH "D" STREET
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EMT TRAINING PROGRAM

STUDENT PERFORMANCE DOCUMENTATION
CLINICAL TIME VERIFICATION
Clinical Internship / Hospital

TO BE COMPLETED BY CLINICAL EVALUATOR:

Student Name: _____

Hospital Name: _____

Date: _____ Time In: _____ Time Out: _____

INITIAL APPROPRIATE BOX	Above Satisfactory	Satisfactory	Unsatisfactory
Appearance			
Dependability			
Initiative / Cooperation			
Knowledge of Required Skills			
Follows Directions			
Attitude and Courtesy Towards Patients and Staff			
Safety Precautions			
Appropriate Use of Tools and Equipment			

***Any rating marked "Unsatisfactory" must be explained in the comment section below.**

COMMENTS: _____

Signature of Evaluator

Signature of Student

****THIS FORM IS TO BE KEPT ON FILE AT THE TRAINING INSTITUTION AND MUST BE SUBMITTED TO ICEMA UPON REQUEST BY ICEMA.**



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EMT TRAINING PROGRAM

STUDENT PERFORMANCE DOCUMENTATION CLINICAL TIME VERIFICATION / CLINICAL SKILLS SHEET / HOSPITAL

MANDATORY SKILLS:

The following skills must be performed during each clinical rotation for successful completion of clinical internship. Record with nurses initial after completion.

BLOOD PRESSURE			
Adult	1	2	3
Child	1	2	
PULSE			
Radial	1	2	3
Carotid	1	2	
Dorsal Pedal	1	2	
Posterior Tibial	1	2	
Apical	1	2	
RESPIRATIONS			
Adult	1	2	3
Child	1	2	
LUNG SOUNDS	1	2	
TEMPERATURE			
Oral	1	2	
Axillary	1	2	
Rectal	1	2	
PUPIL RESPONSE	1	2	3

DESIRABLE SKILLS:

The following skills are desirable experiences. Record nurses initial in appropriate box.

	PERFORMED	OBSERVED	NOT DONE
Application of Oxygen Mask / Nasal Cannula			
Suctioning			
Ventilation of Patient With BVM			
Perform CPR			
Clean and Dress Wound			
Control Bleeding			
Total Body Check			
Obtain Patient History			
Burn Treatment			
Assist With Trauma Patient			
Assist With Violent Patient			
Moving Patients			



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

EMT TRAINING PROGRAM

HOSPITAL/AMBULANCE AFFILIATION INFORMATION
ATTACH SIGNED AGREEMENT

Name(s) of general acute care hospital(s) providing supervised in-hospital clinical experience for the EMT student.

Name: _____

Address: _____

County: _____

Liaison: _____

Title: _____ Phone: _____

Email: _____

Name: _____

Address: _____

County: _____

Liaison: _____

Title: _____ Phone: _____

Email: _____

Name(s) of ambulance provider agency(ies) providing supervised instruction on an operational ambulance for the EMT student:

Level of Service

Name: _____ ☐ ALS ☐ BLS

Address: _____

County: _____

Liaison: _____

Title: _____ Phone: _____

Email: _____

Name: _____ ☐ ALS ☐ BLS

Address: _____

County: _____

Liaison: _____

Title: _____ Phone: _____

Email: _____



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EMT TRAINING PROGRAM

NOTIFICATION OF PROPOSED COURSE

PROVIDER NAME: _____

Address: _____

Location of Instruction: _____

County: _____

Address (if different): _____

INSTRUCTOR: _____ Phone: _____

Email: _____

COURSES SCHEDULED:

☐ Basic Fee \$ _____

☐ Refresher Fee \$ _____

☐ Written & Skills Fee \$ _____

☐ Challenge Fee \$ _____

Course Starting Date

Course Completion Date

Date of Written Certifying Exam

Date of Skills Certifying Exam:

Submitted by: _____
Name (Program Director)

Signature

Date

***This notification should be submitted to ICEMA not less than thirty (30) days before the start of the course. The Program Director, Clinical Coordinator, Principal Instructor and Teaching Assistant Information Forms must either be on file at ICEMA or attached to this form prior to the start of the course. All instructors must be approved by ICEMA prior to the start of any course*



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo, and Mono Counties
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

EMERGENCY MEDICAL TECHNICIAN COURSE RECORD

I. TRAINING PROVIDER NAME: _____ **COURSE NO:** _____

Location: _____ **Date of Course Completion:** ____/____/____

II. TYPE OF COURSE:

☐ Basic

☐ Refresher

☐ Challenge

☐ Written & Skills Exams ONLY

III. TO BE COMPLETED BY PRINCIPAL INSTRUCTOR: I hereby certify that the persons whose names listed below are designated according to final class status (i.e. pass, fail, completed, dropped) and that these records concur with the records of the training institution. I also certify that individuals participating in the final/certifying examination did so after verification of completion of all modules of the course by my signature. I have informed the class of ICEMA's Certification Policies and have distributed the Certification Form to each student.

_____/_____/_____
Skills Examination Date

_____/_____/_____
Written Examination Date

Principal Instructor Signature

_____/_____/_____
Date

IV. TO BE COMPLETED BY PROGRAM DIRECTOR OR DESIGNEE: I hereby certify that all persons listed below have completed the course and passed the final/certifying examination and was issued course completion records on:

_____/_____/_____
Date

Program Director/Designee Signature

_____/_____/_____
Date

V. PRINT OR TYPE-LIST NAMES ALPHABETICALLY:

LAST	FIRST	SS#	ADDRESS	COURSE EXAM			
				Co mpl ete	Inco mpl ete	Pass	Fail

Submit to ICEMA within fifteen (15) days after completion of the course.

V. PRINT OR TYPE-LIST NAMES ALPHABETICALLY:

COURSE EXAM

[illegible]

Submit to ICEMA within fifteen (15) days after completion of the course.